

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Paul M. LEFEBVRE  
 Title: SAMPLE INJECTION SYSTEM  
 Appl. No.: 10/075,811  
 Filing Date: 2/12/2002  
 Examiner: Brian R. Gordon  
 Art Unit: 1743  
 Confirmation Number: 8854

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[  ] The fee required for additional claims is calculated below:

	Claims		Extra		Additional
	As	Previously	Claims	Rate	
	Amended	Paid For	Present		Claims Fee
Total Claims:	20	-	21	= 0	x \$50.00 = \$0.00
Independent Claims:	3	-	3	= 0	x \$200.00 = \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00

CLAIMS FEE TOTAL	=	\$0.00
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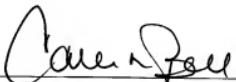
[ ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$120.00	\$0.00
[ ] Extension for response filed within the second month:	\$450.00	\$0.00
[ ] Extension for response filed within the third month:	\$1,020.00	\$0.00
[ ] Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
[ ] Small Entity Fees Apply (subtract ½ of above):	\$0.00	\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$0.00

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-2350.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By 

Date April 6, 2007

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 Customer Number: 23524  
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Callie M. Bell  
 Attorney for Applicant  
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